

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 30, 2014 1:27 PM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 592, Carrier Name: Adventures By Dawn L.L.C.

Washington Metropolitan Area Transit Commission 2014 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a \$150 annual fee on or before **January 31, 2014**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 592

Name of Carrier (as shown on certificate of authority): Adventures By Dawn L.L.C.

Trade Name:

Principal Place of Business

Street Address: 6307 AARON LANE

Apt./Suite:

City: CLINTON

State: MD

Zip: 201735

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

Telephone Number: (301)868-1141
Other Telephone:
Fax Number: (301)868-7023
E-mail: ADVENTUREBYDAWN@VERIZON.NET

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.: 779981

DCTC No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.: 2210

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: DAVE BUCKINGHAM

Title: DIRECTOR OF OPERATIONS

Telephone Number: (301)868-1141

Other Telephone:

Fax Number: (301)868-7023

E-mail: ADVENTUREBYDAWN@VERIZON.NET

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO CHANGES

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include all required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
15	2006	MCI	1M86DMPA96P057206 ✓	005P41 MD	MD	55	No
16	2006	MCI	1M86DMPA06P057207 ✓	005P42 MD	MD	55	No
18	2012	MCI	2MG3JMB7CW066019 ✓	020P81 MD	MD	56	No
19	2012	MCI	2MG3JMBA3CW066020 ✓	005P39 MD	MD	56	No
20	2013	VAN HOOL	YE2CC1A83D2048022 ✓	023P21 MD	MD	57	No
21	2013	VAN HOOL	YE2CC2AB7D2048028 ✓	023P20 MD	MD	57	Yes
701	2011	FORD	1FDUF5GT7BEC38409 ✓	024P13 MD	MD	28	Yes
702	2013	KRYSTAL	1FVACWDT7DHBM8924	005P40 MD	MD	32	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: CHARLES PEREZ

Title: OPERATIONS MANAGER

Date: 01/30/2014